## 20000391061

(Requestor's Name)	100357043771		
(Address)			
(Address)	100337043771		
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)	01/04/2101032018 ++55.00		
Certified Copies Certificates of Status	[~]		
Special Instructions to Filing Officer:			
	1:12:24		

Office Use Only

Eurisment ion

FEB 1 1 2021 I ALBRITTON

## **COVER LETTER**

TO:	_	stration Section ion of Corporations			
SUBJ	ECT:	Houck Handyman Service LLC			
		(Name of Lin	nited Liability Co	nipany)	
The er	nclosed	member, resignation or dissoc	ciation and fee(	s) are submitted for filing.	
Please	return	all correspondence concerning	g this matter to:		
		Thomas D Houck			
		(Contact Person)		_	
		Houck Handyman Service LLC			
		(Firm/Company)		_	
		1628 SE 46th Street Apt. 1			
··-		(Address)		_	
		Cape Coral, FL 33904			
	-	(City/State and Zip Code)	·	_	
For fu	rther in	formation concerning this mat	ter, please call:		
		Thomas D Houck	574 at (	870-1094	
	(Na	une of Contact Person)		& Daytime Telephone Number)	
	sed plea Filing	ase find a check made payable Fee		Department of State for: g Fee & Certified Copy	
	Regist Divisi P.O. E	g Address: tration Section ion of Corporations Box 6327 nassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as	it appears on the records of the Florida Department
2. The Florida docu	ument/registration number as	ssigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resi	igned or will withdraw/resign is:
Julie K. Houck		, hereby withdraw/resign as a
Authori	zed Representative	
• • • • • • • • • • • • • • • • • • • •	(Print Title)	
of this limited lia resignation in wr		e limited liability company has been notified of my
Signature of D	sociating Member or Resig	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	